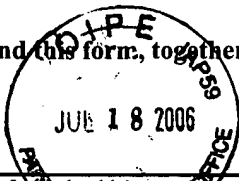


PART B - FEE(S) TRANSMITTAL

07/19/06

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
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07/20/2006 MAHME2 00000027 10689322

01 FC:2501 700.00 OP
02 FC:1504 300.00 OP
03 FC:8001 30.00 OP

Pat # E0354453234US

Don Halgren (Depositor's name)
[Signature] (Signature)
18 July 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/689,322	10/17/2003	Frederick P. Gruenewald	GRUENWALD-2	4138

TITLE OF INVENTION: REMOTE PRESSURE SYSTEM FOR PORTABLE WHIPPED CREAM DISPENSERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/21/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
KAUFMAN, JOSEPH A	3754	222-001000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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1 Don Halgren

2
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Thomas Muldoon

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Marblehead MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☐ Corporation or other private group entity ☐ Government

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